

By Tracy Crews at 10:47 am, Dec 07, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular mo- Complete this report whenever the instrument is Retain the original and send a copy within 15 day	serviced or repaired and v	whenever it is placed in			
NAME OF AGENCY 500119 Missouri State Highway Patrol			DATE OF INSPECTION 12/04/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 108 Grand Ave, Doniphan, Missouri 63935			TIME OF INSPECTION 20:35:29		
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items mus	tem if found to be satisfact	tory or is operating with	in established limits. (Writ	te in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 12/04/2020 20:35:31 ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 43.9°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	RDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☐ STANDARD SUPPLIER INTOXIMETER:	S LOT#_/	AG905201	EXP. DATE <u>02/2</u>	21/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STARUN three tests using a standard. All three te of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - MUST READ	to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND BETWEEN 0.038% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE			
TEST 1: 0.099	TEST 2: 0.099		TEST 3: 0.099		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 1 004: 0	.0509: 0	.1014: 1	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO RE	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND V	WITHIN	
742					
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME			
P1-1/0		BOBBY L RIEFLE			
TYPE II PERMIT NUMBER 200031	01/06/2022	TELEPHONE NUM	BER		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 21-Feb-2019

Lot # AG905201 Model 108cacd

Exp. Date 21-Feb-2021 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

 RGM Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 ppm

Concentration 800.0 ppm 253.0 ppm
 RGM Serial No.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010595
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056662
 150.2 ppm

Analytical Method:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2019.02.21 15:31:31 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Pod Moroala

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

BOBBY L RIEFLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

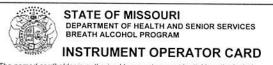
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE1/6/2020	when
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200031	
EXPIRES 1/6/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator RIEFLE, BOBBY

Permit No 200031

Date Issued 1/6/2020 Date Expires 1/6/2022

